

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NORTH FLORIDA NEIGHBORS		FEC IDENTIFICATION NUMBER ▼ C C00582312	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Frame LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 16 / 2016	
Mailing Address 4500 W Shannon Lakes Dr Ste 1		Amount 5250.00	
City Tallahassee	State FL	Zip Code 32309	Transaction ID : SE.4313
Purpose of Expenditure Advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 17 / 2016
Name of Federal Candidate MATT GAETZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		423427.15	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Strategic Digital Services, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 16 / 2016	
Mailing Address 1700 N Monroe St Ste 11-111		Amount 15000.00	
City Tallahassee	State FL	Zip Code 32303	Transaction ID : SE.4312
Purpose of Expenditure Advertising		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 17 / 2016
Name of Federal Candidate MATT GAETZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		418177.15	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	20250.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	20250.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Abby Dupree

[Electronically Filed]

Date

MM / DD / YYYY
08 / 17 / 2016

Signature